IPDR6702				NORTH CAROLINA		PAGE:	1	
	05/03/2004		IPRS	CHECKWRITE SUMMARY REPORT		FAGE.	1	
				CKWRITE DATE: 05/04/2004				
	1		1	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1223	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		11	462	CLIENT NOT ELIGIBLE ON SERVICE	488	2555	4599	2044
				DATE	400	2555	4599	2044
		8931	327	AMTNC INELIGIBLE TO RECEIVE SE				
		0931	327	RVICES IN IPRS.				
2404002		0505	2052	CLATM DENTED DUE TO TROUBLE OF				
3404902	BLUE RIDGE COMM UNITY	8505	2852	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	UNIII							
		191	631	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	415	5582	9886	4304
		11	586	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				-
3404904	WESTERN HIGHLAN	8599	189	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
		8000	143	NO RATE AVAILABLE ON FILE TO P	71	519	2796	2277
				RICE THIS CLAIM DETAIL				
		191	57	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404905	TREND COMM MENT	8622	172	60 RESIDENTIAL LEVEL II TREATM				
	AL HLTH CTR			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	11	DETAIL NOT COVERED BY COMBINAT	0	194	290	96
				ION OF RECIPIENT, PROVIDER AND		134	230	30
				BENEFIT PACKAGE.				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE				
			*	DATE				
3404907		21	1.6	DUPLICATE OF CLAIM-SYSTEM				
3404907	RUTHERFORD-POLK	21	16	DOPLICATE OF CLAIM-SISIEM				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	17	17	0
3404910	PATHWAYS	8505	3013	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				ma Dougel				<del>                                     </del>
	1	8800	117	FURTHER PROCESSING NECESSARY,	0	3270	3366	96
	+			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	74	CLIENT NOT ELIGIBLE ON SERVICE				
	1			DATE				
3404912	CATAWBA COUNTYM	8505	913	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
								-
		11	343	CLIENT NOT ELIGIBLE ON SERVICE	274	1673	2896	1223
				DATE				
	1							
		8931	167	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
							l	

DROHTERS		HTOH DRAFTS	MINISTER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404913	MECKLENBURG COM	21	6999	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		0.500	1024	DEMAND NOT COMPANY OWNERS.				
		8599	1924	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1991	14510	44701	3019
				BENEFIT PACKAGE.				
		120	1479	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404916	CROSSROADS BEHA	21	4123	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		8000	485	NO RATE AVAILABLE ON FILE TO P	161	6716	14350	7634
				RICE THIS CLAIM DETAIL				
		191	445	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
240404-		25.00	0.054					
3404917	CENTERPOINT HUM	8599	2251	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1			
	AN SERVICES			BENEFIT PACKAGE.				
	+	+			<del> </del>			
		8505	2063	CLAIM DENIED DUE TO INSUFFICIE	663	6012	8064	2052
				NT BUDGET				
		0025	454	ASTNC INELIGIBLE TO RECEIVE SE				
		8935	454	RVICES IN IPRS.				
				TOTAL TOTAL STATE OF THE STATE				
3404918	ROCKINGHAM CO M	8505	1500	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		11	137	CLIENT NOT ELIGIBLE ON SERVICE				
		11	137	DATE	95	1926	3584	1658
		8599	77	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404919		8505	5162	CLAIM DENIED DUE TO INSUFFICIE				
3101313	GUILFORD CO MEN TAL HEALTHC	0303	3101	NT BUDGET				
	TAL REALING							
		8599	528	DETAIL NOT COVERED BY COMBINAT	350	7096	7907	811
				ION OF RECIPIENT, PROVIDER AND				
	1	+		BENEFIT PACKAGE.	1			
	+	21	408	DUPLICATE OF CLAIM-SYSTEM	-			
	1	+			1			
3404920	ALAMANCE CASWEL	8505	7640	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D	1		NT BUDGET	1			
	1	+			1			
	1	8800	1057	FURTHER PROCESSING NECESSARY,	122	10506	14122	3616
	1	1		PLEASE CHECK FOR CLAIM ON	122	10306	14122	2016
		<u> </u>		FUTURE RA'S.	İ			
	1	8599	621	DETAIL NOT COVERED BY COMBINAT				
	1	+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	-			
	1	+		- LANGUAGE.	<del> </del>	1		
3404921	ORANGE PERSON C	5312	5828	PRIOR AUTHORIZED DOLLARS EXCEE	1			
	HATHAM AREA			DED				L
	1							
	1	8505	1890	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	97	9277	12818	3541
	1	+		NI BODGEI	1			
	1	+			<del> </del>	1		
	1	5404	469	SEVERE DUPLICATE: SAME ATTD PR	l .			
				OV/PCODE/TOS/DOS/MOD				
		1 -	1		1	1	l -	1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER ER	-						
		0	0		0	0	0	C
3404923		8505	674	CLAIM DENIED DUE TO INSUFFICIE				
3404323	VGFW AREA AUTHO	0303	074	NT BUDGET				
	RIII							
		21	281	DUPLICATE OF CLAIM-SYSTEM	11	1275	2968	1693
		11	128	CLIENT NOT ELIGIBLE ON SERVICE				
			120	DATE				
3404924	PIEDMONT AREA M	8525	11	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		8326	3	ATTENDING PROVIDER NUMBER IS R	-		14	
			1"	EQUIRED WHEN BILLED WITH GROUP		14	14	0
				NUMBER. ADD ATTENDING NUMBER A				
3404925	SANDHILLS CENTE	8599	408	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	101	AMTNC INELIGIBLE TO RECEIVE SE		_		
				RVICES IN IPRS.	178	791	5107	4316
		8505	74	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404926		8505	2192	CLAIM DENIED DUE TO INSUFFICIE				
3404320	SOUTHEASTERN RE G MENTAL HL	0303	2272	NT BUDGET				
	G MENIAL RL							
		21	419	DUPLICATE OF CLAIM-SYSTEM	246	3861	8245	4384
		8599	401	DETAIL NOT COVERED BY COMBINAT				
		0393	401	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8505	1090	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		0500	200	DETAIL NOT COVERED BY COMBINAT				
	+	8599	266	ION OF RECIPIENT, PROVIDER AND	6	1793	3732	1939
		1		BENEFIT PACKAGE.	<del> </del>			
		21	165	DUPLICATE OF CLAIM-SYSTEM				
3404929		8505	2878	CLAIM DENIED DUE TO INSUFFICIE	-			
	LEE HARNETT MH/			NT BUDGET	<del>                                     </del>			
	DD/SAS	1			<del> </del>			
		1			l .			
		8599	180	DETAIL NOT COVERED BY COMBINAT	2	3190	4076	886
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		11	76	CLIENT NOT ELIGIBLE ON SERVICE	1			
			, 0	DATE	1			
		1			<del> </del>			
		1			l .			
3404930	JOHNSTON COUNTY	8505	127	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		9900	2	PHDTHED DDOCECTNO NECESSARY	ļ			
		8800	1	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	3	150	1036	886
	+	+		FUTURE RA'S.	<del> </del>			
			1	**	<b> </b>			
		8599	5	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND				
		1 -	1	BENEFIT PACKAGE.	1 -	1		1

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404024		0505	1175					
3404931	WAKE CO HUM SVC	8505	11753	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	BILLING OF		-	NI BUDGEI				
			-					
		11	2220	CLIENT NOT ELIGIBLE ON SERVICE	39	14537	15114	577
				DATE				
		8800	331	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404932	RANDOLPH/SANDHI	8505	306	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C			NT BUDGET				
	LLS CO MI C	+						
		8800	56	FURTHER PROCESSING NECESSARY,	1	382	408	26
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
		+						
3404933	SOUTHEASTERN CT	8505	2651	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD	1	1	NT BUDGET	1			
		1	1					
		8599	243	DETAIL NOT COVERED BY COMBINAT	130	3719	5902	2183
		1 -		ION OF RECIPIENT, PROVIDER AND				
		4	<u> </u>	BENEFIT PACKAGE.				
		237	222	TOTAL BILLED DOES NOT EQUAL TH				
		237	222	E SUM OF DETAILS BILLED.				
		+		E 30M OF DETRIES BILLED.				
		+						
3404934	ONSLOW COUNTY B	8599	273	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	218	CLAIM DENIED DUE TO INSUFFICIE	6	688	1904	1216
				NT BUDGET				
		11	50	CLIENT NOT ELIGIBLE ON SERVICE				
		11	50	DATE				
		+		DATE				
		+						
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8505	465	CLAIM DENIED DUE TO INSUFFICIE				
			+	NW DUDORM				
	ENTAL HEALT			NT BUDGET				
	ENTAL HEALT			NT BUDGET				
	ENTAL HEALT	8931	92		11/4	606	25.07	1876
	ENTAL HEALT	8931	92	NT BUDGET  AMTHO: INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	114	686	2562	1876
	ENTAL HEALT	8931	92	AMTNC INELIGIBLE TO RECEIVE SE	114	686	2562	1876
	ENTAL HEALT		92	AMTING INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	114	686	2562	1876
	ENTAL HEALT	8931	92	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. FURTHER PROCESSING NECESSARY,	114	686	2562	1876
	ENTAL HEALT		92	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	114	686	2562	1876
	ENTAL HEALT		92	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. FURTHER PROCESSING NECESSARY,	114	686	2562	1876
3404927		8800	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	114	686	2562	1876
3404937	EDGECOMBE NASH		92 29	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE	114	686	2562	1876
3404937		8800	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	114	686	2562	1876
3404937	EDGECOMBE NASH	8800	29	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE	114	686	2562	1876
3404937	EDGECOMBE NASH	8800	29	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE	114	686		1876
3404937	EDGECOMBE NASH	8800 8505	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DEFAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404937	EDGECOMBE NASH	8800 8505	29	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT SUDGET  DETAIL NOT COVERED BY COMBINAT				
3404937	EDGECOMBE NASH	8505 8599	29 757 377	AMTINC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH	8800 8505	29	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DEFAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404937	EDGECOMBE NASH	8505 8599	29 757 377	AMTINC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH	8505 8599	29 757 377	AMTINC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	EDGECOMBE NASH NNTL HLTH C	8505 8599 21	29 757 377	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGECOMBE NASH MNTL HLTH C	8505 8599	29 757 377	AMTINC INELIGIBLE TO RECEIVE SE  RVICES IN IFRS.  FURTHER PROCESSING NECESSARY, FURSHER PROCESSARY, DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE,  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT				
	EDGECOMBE NASH NNTL HLTH C	8505 8599 21	29 757 377	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM				
	EDGECOMBE NASH MNTL HLTH C	8505 8599 21	29 757 377	AMTING INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	EDGECOMBE NASH MNTL HLTH C	8505 8599 21	29 757 377	AMTING INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			5630	
	EDGECOMBE NASH MNTL HLTH C	8505 8505 8599 21	29 757 377 171	AMTINC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RAY'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	36	1659	5630	3971
	EDGECOMBE NASH MNTL HLTH C	8505 8505 8599 21	29 757 377 171	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	36	1659	5630	3971
	EDGECOMBE NASH MNTL HLTH C	8505 8505 8599 21 8599	29 757 377 171 523	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT DENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DENIET PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DENIETIT PACKAGE.  FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	36	1659	5630	3971
	EDGECOMBE NASH MNTL HLTH C	8505 8505 8599 21	29 757 377 171	AMTINC INELIGIBLE TO RECEIVE SE  RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PROCEDURE IS NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE  CLIENT ID NUMBER DOES NOT MATC	36	1659	5630	3971
	EDGECOMBE NASH MNTL HLTH C	8505 8505 8599 21 8599	29 757 377 171 523	AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  DETAIL NOT COVERED BY COMBINAT DENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DENIET PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND DENIETIT PACKAGE.  FROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	36	1659	5630	3971

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	PAID
3404939	NEUSE MENTAL HE	8599	1027	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	1011	DUPLICATE OF CLAIM-SYSTEM	123	5136	1222	7100
					123	3136	12326	7190
		537	770	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404941	PITT CO MH/DD/S	8599	590	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	190	ASTNC INELIGIBLE TO RECEIVE SE	350	1588	5018	3430
				RVICES IN IPRS.				
		21	176	DUPLICATE OF CLAIM-SYSTEM				
	<u> </u>		<u> </u>					<u> </u>
	1							
3404942	ROANOKE CHOWANH	8505	1233	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC	1		NT BUDGET				
	+	<del>                                     </del>						
	+	8599	84	DETAIL NOT COVERED BY COMBINAT	34	1446	2152	706
	1			ION OF RECIPIENT, PROVIDER AND	34	1740	2132	700
				BENEFIT PACKAGE.				
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA	8505	338	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8800	231	FURTHER PROCESSING NECESSARY,	140	1379	4396	3016
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE RA 3.				
		21	177	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8505	631	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		21	290	DUPLICATE OF CLAIM-SYSTEM	315	1849	11828	9979
								-
-	1							
	1	8599	223	DETAIL NOT COVERED BY COMBINAT				
	+	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
	+	+						1
3404946	FOOTHILLS AREAM	21	3351	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							İ
							-	
		0500	1.005	DEMAND NOW COURDED BY COURSE				
	1	8599	1605	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	657	8724	31250	22526
	+	<del>                                     </del>		BENEFIT PACKAGE.				
	+	<u> </u>						
	1	5404	1302	SEVERE DUPLICATE: SAME ATTD PR				
	<u> </u>		<u> </u>	OV/PCODE/TOS/DOS/MOD				<u> </u>
2404052	1	05.05	570	CLAIM DENTED DUE TO INCUEST				
3404957	TIDELAND MENTAL	8505	578	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				1
	HEALTH CTR	+						1
	1							1
		8599	233	DETAIL NOT COVERED BY COMBINAT	372	1301	2761	1460
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1	8931	166	AMTNC INELIGIBLE TO RECEIVE SE				
	1	0231	200	RVICES IN IPRS.				1
				RVICES IN IPRS.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404959	DAVIDSON CO MEN	8524	33	CLAIM DENIED, PROVIDER MUST BE				
	TAL HLTH CT			DESIGNATED AS A BILLING				
				PROVIDER.				
		191	6	CLIENT ID NUMBER DOES NOT MATC	(	39	39	
				H PATIENT NAME				
3404979	NEW RIVER AREAM	8505	7729	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		8800	1057	FURTHER PROCESSING NECESSARY,	351	9813	10796	98
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	336	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				l